## Foster Family Home - Corrective Action Report

1-140057-6 Review ID: Daisy Kaneshi, CNA Home Name: Jackie Chamberlain Reviewer. 94-535 Ana Aina Place 6/25/2020 Begin Date: HI 96797 Waipahu [11-800-6] Foster Family Home Required Certificate Comply with all applicable requirements in this chapter, and 6.(d)(1)Comment: 6(d)(1) Home inspection made for a 3 bed CCFFH recertification. Corrective action plan due to CTA within 30 days [11-800-50] **Quality Assurance** Foster Family Home The home shall be subject to investigation by the department at any time. The investigation may be announced or 50.(e) unannounced and may include, but is not limited to, one or more of the following: Comment 50 e Due to locked metal screen outer door, the home lacks a communication method for quick access into the home. There is no doorbell or door to knock on due to outer locked door [11-800-53] Foster Family Home Client Rights Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including 53.(b)(9) privacy in treatment and in care of the client's personal needs; Comment 53.b.9 Under the My choice, My way new federal HCBS rules, client bedroom and bathroom doors are required to be able to be locked only from the inside by the client for privacy. There are no locks present on 1 of the client bedroom doors. **Foster Family Home** Records [11-800-54] 54.(c)(5) Medication schedule checklist: Comment: 54.(c)(5) Client # 1 there is a ordered BID which has not been given through June ordered but not given through June and a PRN prescription client # 2 a is not on the medication administration record

Compliance Manager

1-140057

Provider ID:

Primary Care Giver

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Date

Date

6/25/2020 23:03 PM

## Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate: Daisy Kaneshi, CNA

(PLEASE PRINT)

CCFFH Address:

94-535 Ana Aina Place Waipahu HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
50(e)	Home has installed a door bell for visitors, guests, surveyors	6/26/20	Home will monitor CTA newsletters for new regulations and follow immediately
53(b)9	Home has installed client bedroom door knobs in compliance with "My choice my way" regulations with locks on the inside for client privacy (and key available to outside for emergencies)	6/26/20	Home will review My Choice My Way rules with all house hold members and caregivers to prevent delay in compliance with rules
54(c)5	Home has coordinated with case management RN and MD to reconsile medication administration record and is now accurate and signed up to date	7/1/20	Home will reconsile MAR's with CMA RN each month at home visit and ask for assisitance from CMA RN if discrepancies are present.

All thems that wore fixed are attached to this CAP.

PCG's Signature

Date: JULY 10,2020

